

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000009194

1. Entity Name  
RON PORTER PROPERTIES, INC.



Principal Place of Business  
9420 BONITA BEACH ROAD, STE 200  
BONITA SPRINGS, FL 34135

Mailing Address  
9420 BONITA BEACH ROAD, STE 200  
BONITA SPRINGS, FL 34135

**FILED  
Apr 10, 2007 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2229413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARUFE, NELIDA  
9420 BONITA BEACH ROAD, STE 200  
BONITA SPRINGS, FL 34135

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PORTER, RON
STREET ADDRESS	BADGERS RUN, LLANRWST ROAD
CITY-ST-ZIP	COWYN BAY WALES, UK LL297YT

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80070-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 1/4/07